

King Saud University Medical City
Infection Control Department

RESPIRATORY ILLNESS SCREENING TOOL

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Name: _____

File No.: _____

Do you feel feverish or had chills/rigors in the last 3 days?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No (0)
Do you have a new or worsening cough ?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No (0)
Do you currently have runny nose ?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Do you currently have sore throat ?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Are you having difficulty breathing ?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No (0)
Did you have nausea or vomiting or diarrhea ?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Did you have body aches ?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No (0)
Did you visit a camel farm, deal with camels or drink camel milk/mil-products within the last 14 days?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0)
Have you been in contact with a confirmed case of MERS-COV within the 2 last weeks?	<input type="checkbox"/> Yes (3)	<input type="checkbox"/> No (0)
Have you travelled or performed Umrah/Hajj in the last two (2) weeks?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No (0)
Have you visited any health care setting to receive treatment within the last 2 weeks? If yes, name of the hospital	<input type="checkbox"/> Yes (3)	<input type="checkbox"/> No (0)

Total Score: _____

If RIST Score is ≥ 3 , then:

- MERS-COV must be performed
- If MERS-COV was performed:
 - Negative
 - Positive

In case of Emergency procedure (primary Or Rescue PCI) then follow emergency pathway

Other Notes:

Physician Name and Signature :